

Dream Day on Cape Cod Family Camper Application 2018

Dream Day on Cape Cod is an organization dedicated to children with life threatening illnesses and their families. We are excited to begin our 20th season at Camp Nan-Ke-Rafe, our family campground in Brewster, Massachusetts. Our facility includes individual cabins with attached bathrooms for each family, a centralized dining hall, and a centralized bathhouse. Dream Day staff members organize and lead numerous family activities throughout the day at various recreational areas. Come and enjoy activities such as archery, hiking, swimming, fishing, and arts and crafts. We also love to explore beautiful Cape Cod while whale watching, hitting the beach, taking in a baseball game and more! Whether you relax on the beach or participate in our evening campfire ceremonies, there will be fun filled activities for everyone.

We offer 7 one-week sessions during the months of June, July and August. Each session begins on Sunday at 3 PM and ends on Friday at 12 PM.

It is our goal to bring a ray of sunshine to seriously ill children and their families. In an effort to continually reach new families, Dream Day limits attendance at camp for no more than *two summers*. Thank you for your understanding and consideration in helping us meet our priority of offering our special program to as many families as possible.

Please note that we can allow immediate family members and a PCA only. Unfortunately we are unable to serve cousins, aunts, uncles, and other extended family. Siblings must be youth age 18 and under.

Also, please take note - Dream Day activities are for your entire family to enjoy. An adult family member must supervise children under the age of 12 at all times. No exceptions!

Completed family applications can be sent to the following address. Prior to coming to camp, if accepted and placed into a session, families will receive a “**Need to Know**” **Dream Day Prep List**, detailing everything families can expect during their special week at camp.

Mail all COMPLETED application materials to:

Dream Day on Cape Cod
165 Nan-Ke-Rafe Path
Brewster, MA 02631

Incomplete applications will be returned.

Our application process is rolling. Applications received by March 1st will receive priority. After this date applications will be processed as they are received until all spaces are filled. If you cannot be placed into a session of your choice we will contact you to inform you of your placement on the wait list.

Please contact us with any questions or concerns via email at cd@dreamdayoncapecod.org or by phone at 508-360-9135.

PLEASE INDICATE WHICH SUMMER SESSION YOU ARE APPLYING TO. PLACE A NUMBER 1 NEXT TO YOUR FIRST CHOICE AND A NUMBER 2 NEXT TO YOUR SECOND CHOICE.

SUMMER SESSIONS

Sun June 24 - Fri June 29 Sun July 1 - Fri July 6 Sun July 8 - Fri July 13
Sun July 22 - Fri July 27 Sun July 29 - Fri Aug 3 Sun Aug 5 - Fri Aug 10
Sun Aug 12 - Fri Aug 17

GENERAL INFORMATION

How did you hear about Dream Day on Cape Cod? *Please be specific, this information helps us identify areas that may need more outreach*

Internet _____

Hospital _____

Other _____

Case Manager _____ Position _____ Phone/Email _____

Have you ever been to Camp with Dream Day before? Yes No. If yes, please list years: _____

Please list other similar service organizations your family is currently involved with: _____

Child's Full Name: _____ Male or Female _____

Address: _____

City: _____ State: _____ Zip: _____

Diagnosis: _____ Date of Diagnosis: _____

Is your child in remission? Yes No. If yes, since when? _____

Child's Age: _____ Date of Birth: _____ Grade in School Next Fall: _____

Child's primary language: _____ Can s/he speak English? Yes No. _____

Ethnicity/Race (OPTIONAL) _____

Does your child use a wheelchair or walker? Yes No.

Is this child a foster child? Yes No.

If yes, please list legal guardian: _____

Note: Legal guardian MUST sign this document.

Parent(s)/Legal Guardian(s) Name(s): _____

E-mail Address: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Employer Name and Address: _____

Emergency Contact (who will not be attending Camp with you):

Name: _____ Phone Number(s): _____

Please list siblings that will be accompanying Dream Day child and parent/guardian to Camp (SIBLINGS MUST BE UNDER THE AGE OF 18):

Name: _____	Age: _____	Male Female
Name: _____	Age: _____	Male Female
Name: _____	Age: _____	Male Female
Name: _____	Age: _____	Male Female

FAMILY CAMPER INFORMATION

Activities - please list activities that interest you:

Diet - please list concerns/ likes regarding appetite or special food:

Additional information - please list additional questions, concerns or information regarding your potential stay at Dream Day's Camp:

Camper Agreement

All Dream Day staff and volunteer members are required to initial and agree to abide by some basic rules and guidelines before they are permitted to work at Dream Day. To ensure utmost safety for all campers and staff, we ask that all campers agree to and abide by the same guidelines. WE ASK THAT ALL FAMILY MEMBERS READ THE BELOW AGREEMENT. BY INITIALING AND SIGNING BELOW, ALL FAMILY MEMBERS UNDERSTAND THE RULES AND WILL ABIDE BY THEM AT ALL TIMES.

OUR FAMILY UNDERSTANDS AND AGREES TO ALL OF THE FOLLOWING RULES:

- We will not bring/use illegal drugs or alcohol to/at Dream Day _____
- We will not bring knives or potentially dangerous items to Dream Day _____
- We will not swear or use foul language at Dream Day _____
- We will treat all campers and staff members with respect at all times _____
- We will follow the Camp Director’s instructions regarding any out of bound areas _____
- We will observe designated quiet times _____
- We will respect Dream Day property and equipment at all times _____
- We will smoke in designated areas only _____

Signature of Parent/Guardian of family

Date

MEDICAL FORM

This page to be completed by family physician or pediatrician

GENERAL INFORMATION

Camper Name: _____
Camper illness: _____
City: _____ State: _____ Zip: _____
Age: _____ Birth date: _____

MEDICAL INFORMATION

Primary Care Physician: _____ Phone: _____
Current Specialty Physician: _____ Phone: _____
Medications to be taken routinely (include non-prescription): _____

Allergy to foods, medications and other: _____

Baseline physical findings: _____
Baseline vital signs: _____
Baseline neurological status: _____
Prosthesis/ Appliances: _____
Explain any restriction to activities: _____

IMMUNIZATIONS

TB skin test: Pos Neg. TB Skin test date: _____
Are all immunizations up to date? YES NO
Are immunizations records on file at physician's office? YES NO

PHYSICIAN'S ACKNOWLEDGEMENT: I have been informed about Dream Day Camp Nan-Ke-Rafe and the request of my patient to attend. The items are correct to the best of my knowledge and belief. In my opinion, this patient is physically capable of attending Camp Nan-Ke-Rafe.

Signature of Physician Date

Please print name Phone

MEDICAL INFORMATION

This form to be completed by parent or guardian

**ALL MEDICATIONS BROUGHT TO CAMP MUST BE IN THEIR ORIGINAL CONTAINERS
INFORMATION ON THIS FORM IS CONFIDENTIAL**

SPECIAL NEEDS

Please list all special needs so that the necessary preparations can be made:

Please list anything we should know about your child that will make his/ her stay more comfortable:

Does your child have a central line (Broviac, Hickman or Cook catheter)? YES NO

Does your child use any special equipment such as a walker, wheelchair, crutches or prosthesis?

YES NO. If yes, please list:

Please list any special food needs:

Do any attending family members have any allergies (food or otherwise) or other pertinent medical conditions? YES NO

If yes, please list:

Has your child had the chicken pox? YES NO

PLEASE NOTE: You must alert us if your child has been exposed to any communicable disease one to three weeks before attending Dream Day Camp Nan-Ke-Rafe.

Signature of Parent/Legal Guardian

Date

**PLEASE NOTE: ALL APPLICATIONS MUST BE COMPLETED IN FULL.
PARTIALLY COMPLETED APPLICATIONS WILL BE RETURNED.**

Permission to use photographs, video tape and/or audio tape of you and/or your family

On behalf of myself and my family, I do hereby give Dream Day on Cape Cod, without consideration or compensation, permission to use photographs, videotape, and/or audiotape that may be taken or recorded while my child and family are attending Camp for promotional, educational, or fundraising activities. It is my understanding that these likenesses may be used to promote public and professional understanding and support of the program. I waive any right that I may have to inspect or approve the finished product or the use to which it may be applied.

Signature of Parent/Legal Guardian

Date

Please print name

Signature of Parent/Legal Guardian

Date

Please print name

Permission to use family name in connection with fundraising efforts

There is *no cost* to you for your family's stay at Camp Nan-Ke-Rafe. However, it costs over \$1600 per family to provide a week at Camp Nan-Ke-Rafe. To assist our fundraising efforts, we have established a Family Sponsorship program in which we approach individuals, corporations, and civic and service organizations. If you know of someone who would be willing to sponsor one or more families, please let us know.

I give my permission for Camp Nan-Ke-Rafe to use my/my family's name to help raise funds for a Family Sponsorship. I understand that I am to receive no compensation for the use of my/my family's name for these purposes.

Signature of Parent/Legal Guardian

Date

Please print name

Signature of Parent/Legal Guardian

Date

Please print name

AUTHORIZATION FOR CAMP NAN-KE-RAFE TO PROVIDE MEDICAL TREATMENT

I hereby give my consent for Camp Nan-Ke-Rafe’s medical personnel to provide any and all reasonable and necessary medical treatment for my children. I understand and consent that I am responsible for all medical expenses incurred by Camp Nan-Ke-Rafe on my behalf or on behalf of any members of my family.

(Please include all of the children in your family who will be attending Camp Nan-Ke-Rafe).

Children’s Names Date of Birth

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

This authorization shall remain in effect while we are attending Camp Nan-Ke-Rafe at Brewster, Massachusetts.

_____ Signature of Parent/Legal Guardian	_____ Date
_____ Please print name	

_____ Signature of Parent/Legal Guardian	_____ Date
_____ Please print name	

I understand and agree that information disclosed regarding any of the individuals named in this application and related documents may be disclosed or otherwise released to appropriate organizations or individuals (including, but not limited to: members of the Dream Day staff, insurance companies, and physicians) in connection with attendance at Dream Day on Cape Cod. I hereby confirm that the above information is true and accurate and that once accepted, I agree to update this information as you may request.

_____ Signature of Parent/Legal Guardian	_____ Date
_____ Please print name	

_____ Signature of Parent/Legal Guardian	_____ Date
_____ Please print name	